

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Poncethia R. Rambo's (ARCH/Expanded ARCH)</b> | <b>CHAPTER 100.1</b>                             |
| <b>Address:<br/>1621 Nohoana Place, Hilo, Hawaii, 96720</b>       | <b>Inspection Date: November 20, 2025 Annual</b> |

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date  |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-3 <u>Licensing</u>. (b)(1)(1) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b><br/> No documented evidence stating that the following individuals that have access to the expanded ARCH have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> <li>1. Primary caregiver (PCG)- last background check documented 2023.</li> <li>2. Substitute caregiver (SCG) #1- last background check documented 2023.</li> <li>3. SCG #2- last background check documented 2023.</li> </ol> <p><b>Please provided copies of the background check with your plan of correction.</b></p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Obtained a copy of the background checks for PCG, sub #1 &amp; sub #2 through Hawaii ECRIM, APS, CAN online. Printed the results and put the copy in my PCG, SCG Home File binder for records.</i></p> | <p style="text-align: center;"><i>11-26-25</i></p> <p style="text-align: center;"><i>yes</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b><br/> No documented evidence stating that the following individuals that have access to the expanded ARCH have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> <li>1. PCG- last background check documented 2023.</li> <li>2. SCG #1- last background check documented 2023.</li> <li>3. SCG #2- last background check documented 2023.</li> </ol> <p>Please provided copies of the background check with your plan of correction.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will check and follow the background check requirements supplement. I'll make sure to PRINT &amp; KEEP a background check reports for myself, PCG, sub #1, sub #2 and with my 2 other substitutes. And also, for future substitutes if there's any to show compliance to the DOH, DHCA. And not to incur the same mistake again later.</p> | <p style="text-align: center;">12-24-25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b><br/> Resident #1- Physician ordered on 10/8/25 for Metoprolol Tartrate 50 mg "Take 1 tablet by mouth with food twice a day. Hold for SBP less than 100, HR less than 60"; however, the medication label read, "Take 1 tablet by mouth with food twice a day. Hold for SBP less than 100, HR less than 90". The physician order and medication label do not match.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I put another medication label in the bottle using a piece of paper following the doctor's order as of 10/8/25. This includes the name of the resident, Res # 1 Metoprolol tartrate 50 mg tab. take 1 tab by mouth with food twice a day HOLD IF SBP &lt; 110, HR &lt; 60.</i></p> | <p style="text-align: center;">11-26-25</p> <p style="text-align: center;"><i>yes</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (a)<br/> All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u><br/> Resident #1- Physician ordered on 10/8/25 for Metoprolol Tartrate 50 mg "Take 1 tablet by mouth with food twice a day. Hold for SBP less than 100, HR less than 60"; however, the medication label read, "Take 1 tablet by mouth with food twice a day. Hold for SBP less than 100, HR less than 90". The physician order and medication label do not match.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, I will check the doctor's order and the medication label if they match or not. In order for the same mistake not being able to happen again, I will make sure that the necessary corrections be made if there's any. Will call the doctor right away to notify the pharmacy for the necessary corrections or changes.</i></p> | <p style="text-align: center;">12-26-25</p> |

Licensee's/Administrator's Signature: Poncetia R. Ramos

Print Name: PONCETIA R. RAMOS

Date: DEC. 20, 2025